



Neighborhood Association Grant Request for Reimbursement

Association:			
Date	Paid to	Description/Purpose	Amount
		United Neighborhood of Santa Clara County	\$ 20.00
		Olara Oddrity	
		Total Reimbursable Costs (Not to exceed \$100 per recipient)	\$
the costs being cla	imed herein are in all s; that the funds were	entative of the herein named asso respects true, correct, and in accordance expended during the grant period viously presented to or reimburse	ordance with I; and the
Submitted by			
Submitted by: _		(Print or Type Name)	
		· · · · · · · · · · · · · · · · · · ·	
Signature: _			
Date:			